

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32584

State File No. _____

FILED SEP 30 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Keytesville, Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location) 2-Miles S. of Keytesville.	

3. NAME OF DECEASED (Type or Print) Dannie		a. (First) Bentley		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18th, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 25th, 1877		9. AGE (In years last birthday) 75	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Laborer		10b. KIND OF BUSINESS OR INDUSTRY Section, Wabash R.R.		11. BIRTHPLACE (State or foreign country) Keytesville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Dannie Bentley		13b. MOTHER'S MAIDEN NAME Emely Latham		14. NAME OF HUSBAND OR WIFE Josephene Sanderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-09-4024		17. INFORMANT'S SIGNATURE OR NAME Josephene Bentley, Keytesville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (apoplexy) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 hrs ±	
---	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 1940, to Sept 18, 1952, that I last saw the deceased alive on Sept 18, 1952, and that death occurred at 5: P. m., from the causes and on the date stated above.

23a. SIGNATURE Carl C. Hege		(Degree or title) M.D.		23b. ADDRESS Keytesville, Mo		23c. DATE SIGNED 9/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20th, 1952		24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery		24d. LOCATION (City, town, or county) (State) Chariton County, Mo.	
DATE REC'D BY LOCAL REG. 9/20/52		REGISTRAR'S SIGNATURE Charles Williams		25. FUNERAL DIRECTOR'S SIGNATURE Hynd & Barnett		ADDRESS Keytesville, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. D. Barnett

Licensed Embalmer No. 3046

P. O. Address Keytesville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.